## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000134561

Entity Name: ATLANTIC FUNDING MORTGAGE, INC.

FILED Mar 15, 2006 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
4473 EMERSON PARK DRIVE STE 105 ORLANDO, FL 32839				1707 ORLANDO CENTRAL PARKWAY SUITE 420 ORLANDO, FL 32809		
Current Mailing Address:				New Mailing Address:		
4473 EMERSON PARK DRIVE STE 105 ORLANDO, FL 32839				1707 ORLANDO CENTRAL PARKWAY SUITE 420 ORLANDO, FL 32809		
FEI Number	: 20-3568019	FEI Number Applied For ( )	FEI Nun	nber Not Appl	icable ( )	Certificate of Status Desired ( )
Name and	l Address of	Current Registered Agent:		Name and	Address o	of New Registered Agent:
4473 EME ORLANDO	D, FL 32839	DRIVE STE 105 US		<b>.</b>		d eff
	e named entity e of Florida.	submits this statement for the pu	urpose o	τ cnanging i	ts registere	d office or registered agent, or both,
SIGNATU	RE:					
	Electro	nic Signature of Registered Age	nt			Date
Election Car	mpaign Financir	ng Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
Title: Name: Address: City-St-Zip:	PURUNCAJAS	ON PARK DRIVE STE 105		Title: Name: Address: City-St-Zip:		(X) Change ( ) Addition AS, JOHANN ISON PARK DRIVE STE 105 FL 32839
Title: Name: Address: City-St-Zip:	NOGUEIRA, C	ON PARK DRIVE STE 105		Title: Name: Address: City-St-Zip:	VP,D REBOLLED 4473 EMER ORLANDO,	SON PARK DRIVE STE 105
Title: Name: Address: City-St-Zip:	ARAUJO, ERII	ON PARK DRIVE STE 105		Title: Name: Address: City-St-Zip:		() Change () Addition
Title: Name: Address: City-St-Zip:	CAVALLOS, N	ON PARK DRIVE STE 105		Title: Name: Address: City-St-Zip:	D CEVALLOS, 4473 EMER ORLANDO,	SON PARK DRIVE STE 105
Title: Name: Address: City-St-Zip:	(	) Delete		Title: Name: Address: City-St-Zip:	D GALBIATI, II 4473 EMER ORLANDO.	SON PARK DRIVE STE 105

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHANN PURUNCAJAS P 03/15/2006